

Testimony of

LINDA A. SUYDAM
PRESIDENT
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

UNITED STATE HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES

Presented on November 18, 2004

Chairman Souder and Members of the Subcommittee:

Good morning and thank you for the opportunity to testify before the subcommittee today. I am Linda Suydam, president of the Consumer Healthcare Products Association (CHPA), a 123-year-old trade association representing the manufacturers of over-the-counter (OTC) medicines and nutritional supplements.

Methamphetamine is a serious problem that plagues entire communities, and as explained in testimony today, pseudoephedrine is a necessary ingredient in its manufacture. Approved by the U.S. Food and Drug Administration for over-the-counter use, pseudoephedrine is a nasal decongestant and is sold as either a single-ingredient product or in combination cough/cold products.

CHPA is deeply concerned that safe and effective medicines manufactured by its member companies and purchased by millions of consumers each year to treat symptoms of colds, allergies, asthma, and the flu are being diverted to manufacture meth in small clandestine labs. We understand the scope of this problem, and are committed to the need for strong action to prevent the diversion of these important medicines to the illegal manufacturing of methamphetamine.

According to the U.S. Drug Enforcement Administration (DEA), these small, clandestine labs account for about 20 percent of the meth supply in this country. And while that may be a small amount considering the entire scope of the methamphetamine problem, it concerns us greatly. We know that the process used to make meth is extremely toxic; destructive; expensive to clean-up; and damaging to all those present, especially children.

We also are concerned with the majority of the meth supply coming into this country as a finished drug or being produced in large super labs and the lack of resources being allocated to address that problem. We understand the far-reaching consequences of the methamphetamine problem in this country, and feel that the only way to significantly

address meth production and abuse is through a multi-faceted approach that empowers communities to work towards a common goal.

We encourage tough, comprehensive measures to attack this problem at every level of its manufacture and use, including limiting the number of packages a consumer can purchase at a time. We need to enact severe penalties for those manufacturing and selling meth, especially those endangering children with illicit activities. We need to strengthen law enforcement resources and provide them with the tools to take action against the major traffickers who fuel the meth supply and the meth cooks who threaten the safety of communities. And we need more programs focusing on prevention and education, like Meth Watch.

Mr. Chairman, we know that you support Meth Watch, and we applaud the introduction of your bill, HR 5345. This bill would authorize \$5 million in federal funding for Meth Watch grants to states. As you know, implementation of Meth Watch has resulted in dramatic reductions in the theft of products used to make meth. Meth Watch success stems from community involvement: it involves the whole community – law enforcement, retailers, business leaders, and citizens – in education and prevention efforts, and appears to be having an impact on actual meth usage. Meth Watch is now established in nine states and more are on the way.

Comprehensive efforts are proving to work in other states facing this epidemic. According to the El Paso Intelligence Center's data, meth lab busts have decreased since 2001 in Washington, Oregon, and Kansas – all of which have Meth Watch programs in place. Additionally, California has seen a dramatic reduction in labs due to an aggressive system of tracking and monitoring meth precursors, mandatory registration of wholesalers and distributors, retail sales restrictions, and aggressive law enforcement and prosecutions.

At the federal level, we need to put more resources into stopping the demand for methamphetamine and reducing the amount of meth coming into this country. The Office of National Drug Control Policy (ONDCP) recently issued the National Synthetic Drugs Action Plan, which is the federal government's response to the production, trafficking, and abuse of synthetic drugs and diverted pharmaceutical products. CHPA applauds the Administration for the development of this plan, and we agree with many of the recommendations contained therein.

In particular, CHPA looks forward to working with DEA on legislation and regulations to tighten controls and enhance the tracking of bulk precursor chemicals, such as pseudoephedrine, that are imported into the United States. For many years, there has been a significant discrepancy between the amount of pseudoephedrine reported by DEA as imported into the United States and what is used by CHPA member companies. Since DEA has been unable to identify where all the pseudoephedrine brought into this country ends up, we urge this subcommittee to use its oversight authority to determine whether DEA already has authority to track pseudoephedrine imports and what additional measures by our industry might be helpful. CHPA also welcomes the opportunity to

work with DEA, FDA, and the U.S. Centers for Disease Control and Prevention to determine what amount of pseudoephedrine serves the legitimate medical needs of the U.S. population. This effort would assist DEA in determining if there are any unusual or unnecessary upward spikes in the importation of this important OTC ingredient. CHPA also supports the removal of the federal blister pack exemption if it is tied to a national, uniform retail sales threshold.

CHPA commends the DEA and the Department of Justice for their plans to focus resources on reducing the illicit sales of pseudoephedrine over the Internet and on developing a multimedia education campaign to reduce the demand and use of methamphetamine. CHPA has been urging ONDCP and Congress to allocate some of the money available for the Youth Anti-Drug Media Campaign to this end. To date, very little of this money has been used for meth prevention. Methamphetamine has been called one of the most addictive drugs on the street. We need to stop our kids from trying meth in the first place and put programs in place that focus on demand reduction and treatment.

All of these efforts are encouraging, and I believe, will help reduce the meth problem in our communities. It is imperative that we work together towards achieving this same goal. However, some are now calling for a different approach. They propose to make pseudoephedrine a “Schedule V” drug, restricting sales only to drugstores with a pharmacy, placing them behind the pharmacy counter, only to be sold by a pharmacist or pharmacy technician. At first blush, putting these medications behind the counter to frustrate criminals might sound sensible. Before we embrace a single-step approach that ignores the totality of this substance abuse problem and restricts access by consumers who need these medications, we need to make sure it is a truly effective solution. We believe it is not.

Inconvenience aside, putting these medications behind the counter would have a significant effect on consumers. If your pharmacy closes at 6:00 p.m. on a Saturday and your child comes down with a cold and can’t sleep after closing hours, you may be out of luck until Monday. And consumers living in rural areas without access to a local pharmacy will not have access to these medicines at all.

In Oklahoma, where pseudoephedrine has been put behind pharmacy counters, state officials are touting statistics that show a decrease in the number of lab busts. That’s an important number if it continues, but the law has only been in effect for a few months and conflicting statistics indicate that it is too early to draw conclusive lessons from that state’s approach. The Oklahoma State Bureau of Investigation reported an increase in meth labs in June 2004. At the same time, there’s contradictory evidence the problem is getting worse: reports show more drug smuggling and more meth-related crime.

Like everyone who testified at today’s hearing, I believe that any decrease in meth lab busts is commendable. But given the wide range of statistics reported from Oklahoma, compared with the concrete data that indicates significant reductions in Kansas, Washington, Oregon, and California, the effectiveness of the Oklahoma

approach and its long-term effectiveness on the reducing meth use in general is very much in question.

OTC medications serve a critical public health need. For example, they provide a safety net for those with limited access to other forms of healthcare, including the tens of millions of uninsured Americans. They provide a convenient and cost-efficient form of healthcare, for example every dollar spent on OTCs yields almost \$2.50 in healthcare benefits. This is even more critically important to America's seniors who constitute a seventh of the population but use a quarter of the OTC medicines.

Pseudoephedrine-containing products are a critical part of the OTC cough/cold category, and the evidence builds for cost-effectiveness here, as well. Recently, Northwestern University researchers concluded that OTC cough/cold medications save the economy and the health system almost 5 billion dollars a year. Instead of sitting in a doctor's waiting room for hours, in minutes a parent can visit a drugstore or grocery store and purchase a trusted and safe medicine that has been available to consumers without a prescription for decades to treat coughs, colds and allergies. Given the severe shortage of the flu vaccine this year, these medications will turn out to be more important to our healthcare system than ever before

As great as it might sound, there is no "quick fix" to this complex problem. We must take comprehensive steps that work, not half-measures that have a greater impact on sick kids, care givers and flu sufferers than on criminals. We must all work together with all the resources available to us. We look forward to working with you and continuing our efforts to fight methamphetamine at every level. Thank you.